

Vaccine Briefs: HIPAA, AAP "Red Book," "Standards for Adult Immunization Practices," Global Polio Eradication

HIPAA

Our first vaccine brief concerns the HIPAA Privacy Rule and its impact on sharing immunization information.

HIPAA refers to the Health Insurance Portability and Accountability Act of 1996. This law provides protection for a person's individually identifiable health information. The HIPAA Privacy Rule governs the use and disclosure of a person's protected health information. Health plans, clearinghouses and providers who transmit certain administrative or financial transactions electronically are covered entities under this rule. The compliance date for the Privacy Rule was April 14, 2003.

We have received questions from providers about HIPAA and various situations involving sharing immunization information. Let's briefly look at some of these situations.

Providers can continue to share immunization information with public health under HIPAA. A provider CAN disclose immunization information without authorization from the individual if the disclosure is for treatment purposes or if it is required by law. The provider can also disclose information without authorization to a public health authority that is authorized to collect the information for traditional public health purposes, such as preventing or controlling disease or conducting public health surveillance, investigations, and interventions.

For example, a provider can disclose immunization information to an immunization registry without authorization if a state law requires reporting. However, a specific mandate or law to report is NOT required.

HIPAA does not generally impact the sharing of immunization information by public health authorities. Most public health authorities are NOT entities covered by HIPAA, so HIPAA does NOT govern their use and disclosure of information. However, if a public health entity provides direct treatment such as immunizations or payment for services, then the entity must comply with HIPAA.

Another situation that has raised questions is school immunization requirements. The impact of HIPAA on the sharing of immunization information with schools depends on the purpose of the disclosure and the public health laws in the state. Some states have public health laws that allow providers to disclose information

to schools without authorization. HIPAA does NOT preempt these public health laws. Therefore in these states, providers should be able to continue to share information with schools without authorization. In other states, the answer may depend on the purpose of the disclosure. Providers should be able to disclose immunization information to a school nurse without authorization if the disclosure is for treatment purposes. If the disclosure is to verify immunization status, an authorization may be required since schools are not considered traditional public health authorities. We recommend that you consult your state immunization program for the advice of legal counsel.

HIPAA does not impact the sharing of immunization information from schools. Immunization information is part of the education record, which is protected by the Family Educational Rights and Privacy Act or FERPA. FERPA requires parental consent for the disclosure of any information in a child's education record if the child is younger than eighteen years of age. HIPAA specifically excludes information covered by FERPA.

Finally, we have received questions about reminder notifications. Providers can continue to mail immunization reminder postcards to their patients. The Office for Civil Rights, the agency in charge of interpreting and enforcing the Privacy Rule, has addressed this question on their website. Providers can continue to mail reminder postcards to the patient's home unless the patient has specifically requested a more confidential communication, such as an envelope or a mailing to a post office box. The guiding rule is to limit the information disclosed to the minimum necessary to achieve the intended purpose.

There are several websites available with information and frequently asked questions and answers about HIPAA. We will include these websites on the broadcast web page.

AAP "Red Book"

There are few certainties in life. One thing that is certain is that every three years the American Academy of Pediatrics will publish a new edition of the Red Book, as it has for a generation of clinicians.

The twenty sixth edition of the report of the Committee on Infectious Diseases has just been released. It has been completely updated for 2003, including all the new immunization recommendations published since the last edition in 2000.

Every office that provides care for children should have a current version of the Red Book. You can order a copy from the American Academy of Pediatrics website at www.aap.org. The soft cover version is 99 dollars and 95 cents, plus shipping and handling. AAP also has hard cover, CD-ROM, and PDA versions available. It's money well spent.

Since the new Red Book was printed, several typographic errors have been discovered. An important error that you should be sure to note is in the treatment of anaphylaxis section.

The error is on page 64, table 1.11, under the heading “intravenous administration”. The third sentence says 1 milligram per kilogram or 0.01 milliliter per kilogram. This is not correct. You should change this to 0.01 milligram per kg or 0.1 milliliter per kilogram. We will hold this graphic up for a few seconds so you can make a note of this.

There are a few other typographic errors you should be aware of, including an incorrect entry for the minimum interval between the second and third doses of hepatitis B vaccine. A listing of all these errata are posted on the AAP website. We will have a link to the AAP website on our broadcast resources web page.

“Standards for Adult Immunization Practices”

Standards for Adult Immunization Practices were first published in 1990. After many months of effort, a revised version of the Standards for Adult Immunization Practices was published in the August 2003 issue of the American Journal of Preventive Medicine.

Based on lessons learned and dramatic changes in our healthcare system in the past ten years, the standards have been revised to help providers increase adult vaccination coverage levels, and reduce hospitalizations and deaths related to vaccine-preventable diseases.

The National Vaccine Advisory Committee, or NVAC, collaborated with more than one hundred representatives from more than sixty organizations. These persons represented professional societies, state and local health departments, immunization programs, and immunization providers. The new standards are more comprehensive and evidence-based than the previous standards. The revised standards provide links to useful tools and websites, and when implemented at the program and practice level, they should significantly improve delivery of vaccination services for adults.

The fifteen standards include all the components needed for an effective adult immunization practice, including vaccine availability, patient screening and education, vaccine administration, records, reminder and recall systems, and periodic assessment of the provider’s coverage levels.

The revised Standards for Adult Immunization Practice are recommended for use by all providers and payers involved in adult immunization services. A link to more detailed information about each of the standards is located on our broadcast resource web page.

Global Polio Eradication

For our last vaccine brief, we would like to update you on the status of global polio eradication. The Global Polio Eradication Initiative was launched by the World Health Assembly in 1988. The World Health Organization, CDC, Rotary International, and UNICEF are the principal partners. National governments, private foundations, nongovernmental organizations, corporations, and volunteers are all collaborating to achieve eradication.

In 2002, a total of 1,918 cases of polio were reported from 7 countries. Two additional countries reported importations. These countries, shown on this map in red are located in 3 WHO regions- Africa, Eastern Mediterranean, and South East Asia. 99 percent of all cases in 2002 occurred in just three countries: India, Nigeria, and Pakistan.

It appears that one type of wild poliovirus has already been eradicated. The last known case of polio caused by type 2 virus occurred in India in October 1999. This is an interesting coincidence, since type 2 virus was the first poliovirus isolated by John Enders in 1949.

Another major milestone was achieved in June 2002 when the European region was certified as free of indigenous wild poliovirus transmission. The European region includes 51 countries, from western Europe through the countries of the former Soviet Union, and has a population of 873 million. The European region is the third WHO region to be certified free of indigenous wild virus polio. This follows certification of the Region of the Americas in 1994, and the Western Pacific Region in 2000. An estimated 3.4 billion people, or 55 percent of the world's population, now live in countries and territories certified free of endemic wild poliovirus transmission.

Several challenges to global eradication remain. These include: maintaining high-quality surveillance and immunization activities; gaining access to children in conflict affected countries; providing sufficient oral polio vaccine; and ensuring political and financial support until certification of global eradication can be achieved.

You may be able to help meet at least one of these challenges. CDC continues to recruit healthcare professionals for short-term field assignments to polio endemic countries. This program is called Stop Transmission of Polio, or STOP.

The global program for polio eradication began following a World Health Assembly resolution in 1988, when Ministries of Health of all countries resolved to eliminate this terrible disease. In partnership with Ministries of Health, this effort is led by the World Health Organization, UNICEF, Rotary International and the Centers for Disease Control and Prevention.

Over the years, CDC has provided technical expertise to the partnership of WHO, UNICEF and to individual countries, especially in epidemiology, surveillance and laboratory science. The Stop Transmission of Polio, or STOP program is an effort to provide human resources for the polio eradication effort. The global polio eradication initiative is now in its final phase. But the challenges that remain are the most difficult ones.

In 1998, CDC initiated the STOP team program. Its objective is to accelerate the progress of the polio eradication program. The STOP Program deploys teams of public health professionals to provide field support where it is needed most. Teams collaborate with national counterparts from the Ministry of Health, WHO and UNICEF in support of the strategies.

In 1999, the first group of 25 STOP team members were assigned to 5 countries: Bangladesh, Yemen, Burkina Faso, Nepal and Nigeria. Since that time, 13 STOP teams, comprising of nearly 500 health professionals, have been assigned to 42 different countries. In 2002, based on the expressed needs of a number of countries, the STOP program expanded beyond polio to include data management support at the national level, as well as measles mortality reduction activities in a few countries.

The duties of the team members vary depending on the needs of the country of assignment and the skills of the STOP team member. Once in country, team members are typically assigned to different districts and must work independently. Over the course of the 3 month assignment, team members may conduct and evaluate active surveillance; assist with case investigations and follow-up as well as conduct measles outbreak investigations; help with planning, implementing and evaluating supplemental immunization activities such as national immunization days; and develop and strengthen data management systems for the national immunization programs.

Each day is different for team members. They may work with local religious leaders to overcome rumors about the safety of the vaccines, train traditional healers about surveillance, travel to a remote island to investigate a suspected case, or give a presentation to health officials on immunization campaign coverage.

So who makes up the STOP teams? And what qualifications are we looking for? STOP team members come from diverse backgrounds. They are qualified public health professionals from all over the world. The common link between all STOP team members is an appreciation and understanding of public health, surveillance and epidemiology.

This mission can be quite difficult. Team members are assigned to polio endemic countries, often the poorest countries in the world. Once there, team members

will travel to the highest risk areas to conduct surveillance, investigate cases and participate in vaccination activities.

Those who accept to go on this mission have strong professional expertise as well as the ability to work comfortably outside of one's own culture. Imperative to the success of a mission is the ability to work well with those of a different culture and the ability to work in difficult climates. Team members are expected to live at the district level, which may lack medical facilities, familiar food or comfortable accommodations.

A STOP team assignment isn't for everyone. But it can be a very rewarding experience. If you are interested and would like additional information please contact us. This could be your opportunity to participate in one of the greatest achievements of medical history, the eradication of polio virus from the earth.

If you would like more information about becoming a volunteer for the STOP program, additional information regarding assignments, qualifications, the application process are available on the National Immunization Program website. We will include a link to this information from our broadcast resources web page.

This brings us to the close of this broadcast of Immunization Update. We hope the information we have provided will help improve immunization levels in your practice.

Throughout this program we have mentioned several immunization resources. You will find links to these and much more on the National Immunization Program website at www.cdc.gov/nip. Click on the Health Care Professional tab, and go to the Education and Training section. There you will find a link to Broadcast Updates and Resources.

If you have questions that we did not answer on the air you can call the National Immunization Information Hotline. You can reach the Hotline toll free at 800-232-2522. The Hotline is staffed from 8 AM until 11 PM eastern time Monday through Friday.

You can also use the Internet to E-mail questions, comments, or requests to the National Immunization Program. Our Email address is nipinfo@cdc.gov.

Finally, if you would like to find out more about upcoming Public Health Training Network courses, visit the PHTN website at www.phppo.cdc.gov/phtn.